

1.) CORPORATION NAME:

**BATH-HIGHLAND COUNTY VOLUNTEER FIRE
DEPARTMENT, INC.**

DUE DATE: **3/31/2011**

SCC ID NO: **02040178**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

**OFFICER
JUDITH ANN M. DAVIS
P.O. BOX 102
WILLIAMSVILLE, VA 24487**

5.) STOCK INFORMATION

CLASS	AUTHORIZED
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3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

BATH COUNTY

4.) STATE OR COUNTRY OF INCORPORATION:

VA

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: P O BOX 102

CITY/ST/ZIP: WILLIAMSVILLE, VA 24487-

7.) DIRECTORS AND PRINCIPAL OFFICERS: All directors and principal officers must be listed. An individual may be designated as both a director and an officer.

NAME:	STUART HALL	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	ASSOCIATON PRES		
ADDRESS:	1167 DRY RUN RD		
CITY/ST/ZIP/CO:	MILLBORO, VA 24460-		
NAME:	P D NAPIER	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	VICE PRESIDENT		
ADDRESS:	WILLIAMSVILLE FIRE STATION 8474 BULL PASTURE RIVER RD		
CITY/ST/ZIP/CO:	MCDOWELL, VA 24458-		
NAME:	JUDITH ANN M DAVIS	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	TREASURER		
ADDRESS:	WILLIAMSVILLE FIRE STATION 12512 DRY RUN RD		
CITY/ST/ZIP/CO:	WILLIAMSVILLE, VA 24487-		
NAME:	BARRY MARSHALL	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	FIRE CHIEF		
ADDRESS:	WILLIAMSVILLE FIRE STATION PO BOX 100		
CITY/ST/ZIP/CO:	WILLIAMSVILLE, VA 24487-		

NAME:	PAMELA WEBB	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	SECRETARY		
ADDRESS:	WILLIAMSVILLE FIRE STATION 13646 DRY RUN RD		
CITY/ST/ZIP/CO:	WILLIAMSVILLE, VA 24487-		
NAME:	HAROLD KING	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	VICE PRESIDENT		
ADDRESS:	BURNSVILLE FIRE STATION 7304 DRY RUN RD.		
CITY/ST/ZIP/CO:	BURNSVILLE, VA 24487-		
NAME:	JOYCE ALEXANDER	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	TREASURER		
ADDRESS:	BURNSVILLE FIRE STATION 104 BUCK LANE		
CITY/ST/ZIP/CO:	BURNSVILLE, VA 24487-		
NAME:	LESLIE KING	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	SECRETARY		
ADDRESS:	BURNSVILLE FIRE STATION 7304 DRY RUN RD.		
CITY/ST/ZIP/CO:	BURNSVILLE, VA 24487-		
NAME:	LEONARD NEIL	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	FIRE CHIEF		
ADDRESS:	BURNSVILLE FIRE STATION 161 SANGERS LANE		
CITY/ST/ZIP/CO:	WILLIAMSVILLE, VA 24487-		
NAME:	ROBERT LOCKRIDGE	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	CAPTAIN		
ADDRESS:	WILLIAMSVILLE FIRE STATION PO BOX 101		
CITY/ST/ZIP/CO:	WILLIAMSVILLE, VA 24487-		
NAME:	ROGER SMITH	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	CAPTAIN		
ADDRESS:	BURNSVILLE FIRE STATION 9241 TOWER HILL RD.		
CITY/ST/ZIP/CO:	WILLIAMSVILLE, VA 24487-		
NAME:	ROBERT E STEPHENSON	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	LIEUTENANT		
ADDRESS:	WILLIAMSVILLE FIRE STATION 16672 INDIAN DRAFT RD.		
CITY/ST/ZIP/CO:	WILLIAMSVILLE, VA 24487-		
NAME:	JAMES SMITH	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	LIEUTENANT		
ADDRESS:	BURNSVILLE FIRE STATION 11545 DRY RUN RD.		
CITY/ST/ZIP/CO:	BURNSVILLE, VA 24487-		

NAME:	TIM MARSHALL	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	ENGINEER		
ADDRESS:	WILLIAMSVILLE FIRE STATION 12223 COWPASTURE RIVER RD. S.		
CITY/ST/ZIP/CO:	WILLIAMSVILLE, VA 24487-		
NAME:	JESSE LAMBERT	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	ENGINEER		
ADDRESS:	BURNSVILLE FIRE STATION 240 RED HOLE VALLEY RD.		
CITY/ST/ZIP/CO:	BURNSVILLE, VA 24487-		
NAME:	RICKY KINCAID	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	TRAINING OFF.		
ADDRESS:	WILLIAMSVILLE FIRE STATION 9071 COWPASTURE RIVER RD. S.		
CITY/ST/ZIP/CO:	WILLIAMSVILLE, VA 24487-		
NAME:	BEBE MARSHALL	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	CHAPLAIN		
ADDRESS:	WILLIAMSVILLE FIRE STATION 13039 TOWER HILL RD.		
CITY/ST/ZIP/CO:	WILLIAMSVILLE, VA 24487-		
NAME:	BEN ALLEN	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	CHAPLAIN		
ADDRESS:	BURNSVILLE FIRE STATION 10027 DRY RUN RD.		
CITY/ST/ZIP/CO:	BURNSVILLE, VA 24487-		
NAME:	LYNN ALEXANDER	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	CAPTAIN		
ADDRESS:	BURNSVILLE RESCUE SQUAD 119 RED HOLE VALLEY RD.		
CITY/ST/ZIP/CO:	BURNSVILLE, VA 24487-		
NAME:	CAROL ALLEN	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	CO-CAPTAIN		
ADDRESS:	BURNSVILLE RESCUE SQUAD 8927 MUDDY RUN RD.		
CITY/ST/ZIP/CO:	BURNSVILLE, VA 24487-		
NAME:	DANA ALLEN	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	SECRETARY		
ADDRESS:	BURNSVILLE RESCUE SQUAD 207 ROBERTS LANE		
CITY/ST/ZIP/CO:	BURNSVILLE, VA 24487-		
NAME:	ELIZABETH ALEXANDER	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	TREASURER		
ADDRESS:	BURNSVILLE RESCUE SQUAD 95 RED HOLE VALLEY RD.		
CITY/ST/ZIP/CO:	BURNSVILLE, VA 24487-		

NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	KIM ALEXANDER TRAINING OFF. BURNSVILLE RESCUE SQUAD 105 BUCK LANE BURNSVILLE, VA 24487-	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	JUDITH ANN M DAVIS INFECTION CONTR BURNSVILLE RESCUE SQUAD 12512 DRY RUN RD. WILLIAMSVILLE, VA 24487-	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	JAMES SMITH HAZ MAT OFF. BURNSVILLE RESCUE SQUAD 11545 DRY RUN RD. BURNSVILLE, VA 24487-	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
I AFFIRM THAT THE INFORMATION CONTAINED IN THIS ELECTRONIC REPORT IS ACCURATE AND COMPLETE AS OF THE DATE BELOW AND THAT I AM LEGALLY AUTHORIZED TO SIGN THIS REPORT.			
/s/ JUDITH ANN M DAVIS SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	JUDITH ANN M DAVIS, TREASURER PRINTED NAME AND CORPORATE TITLE	4/4/2011 DATE	
It is a Class 1 misdemeanor for any person to sign a document, which includes this electronic record, that is false in any material respect with the intent that the document be delivered to the Commission for filing.			